



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

NOSOCOMIAL INFECTIONS

Effective Date: November 25, 2009

Policy #: IC-13

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I. PURPOSE: To specify infection surveillance procedures.

II. POLICY: The tracking of nosocomial infections is necessary to monitor overall effectiveness of Infection Prevention practices and health related patient and staff education.

III. DEFINITIONS:

- A. Nosocomial infections are infections that present themselves in hospitalized patients in whom the infection was not present nor incubating at the time of admission. An infection that presents on admission can only be classified as nosocomial if it is directly related to a previous admission. The term nosocomial will include the vast majority of potentially preventable infections. In this facility the Infection Prevention Coordinating Group has determined an infection that develops three days after admission is nosocomial.

IV. RESPONSIBILITIES:

- A. Nursing staff are often the first to observe changes related to possible failure of Infection Prevention Standards. Communication of concerns to the Infection Preventionist are crucial and need to follow guidelines detailed in the Infection Report policy to ensure that accurate timely reporting of diagnosed infections is achieved.
- B. Staff Licensed Independent Practitioners (LIPs) will order cultures of infectious materials when indicated and will be active participants in Infection Surveillance.
- C. Infection Preventionist will maintain surveillance records and utilize data gathered to make recommendations to the Infection Prevention Coordinating Group.
- D. Infection Prevention Coordinating Group will monitor surveillance data and coordinate corrective action activities when indicated to ensure quality care and to maintain a safe working and treatment environment.

V. PROCEDURE:

- A. All infections must be reported to the Infection Preventionist using the Infection Report form (see hospital policy – Infection Report). Upon receipt, the Infection Preventionist will review and compare them to prior reports to evaluate for trends or areas of concern. Nursing staff on the treatment units will be contacted to evaluate effectiveness of treatment.
- B. All infections treated with an anti-viral, an antibiotic, or anti-fungal medication are reportable. If cultures are indicated, reports are forwarded to the Infection Preventionist.
- C. While infections of all kinds are reportable the following are the major classifications that are currently tracked throughout the hospital:

Urinary Tract Infection
Without Catheter
With Catheter
Upper Respiratory Infection
Cold
Ear
Mouth/Peri-oral
Sinusitis
Lower Respiratory Infection
Influenza-like illness
Pneumonia
Bronchitis
Gastrointestinal
Gastroenteritis
Skin
Cellulitis/soft tissue/wound
Fungal skin infection
Herpes simplex (fever blister)
Herpes zoster (shingles)
Scabies
Eye
Conjunctivitis
Generalized
Primary bloodstream infection
Unexplained febrile episode

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- D. Reports collected are reviewed for effectiveness of treatment and to determine if there is a nosocomial infection. The definition is any infectious process that was not present at admission or within three days of admission or was as a result of a procedure on a previous admission.
 - E. The Infection Prevention Group will review and evaluate all suspected nosocomial infections. The diagnosis and appropriateness of treatment will be reviewed by a staff physician. An attempt will be made to prevent reoccurrence.
 - F. Copies of the Infection Surveillance Reports will be made available to all members of the Infection Prevention Group, all nursing supervisors, Medical Director, Medical Clinic Physicians, Director of Nursing, Hospital Administrator, and any other interested parties.
- VI. REFERENCES:** Surveillance Prevention and Control of Infection; Medical Consultants Network, Inc., Hospital Policy – Infection Report.
- VII. COLLABORATED WITH:** Medical Clinic Physicians
- VIII. RESCISSIONS:** IC-13, *Nosocomial Infections* dated October 30, 2006; IC-13, *Nosocomial Infections* dated March 30, 2003; Policy # IC-13, *Nosocomial Infections* dated December 18, 2002; Policy # IC-13, *Nosocomial Infections* dated February 14, 2000; HOPP #8-ON.080884, *Nosocomial Infections* dated April 11, 1996.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Infection Preventionist
- XII. ATTACHMENTS:** None

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Ed Amberg
Hospital Administrator Date

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Thomas Gray, MD
Medical Director Date